



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

2636
\$

Appl. No. : 10/086,183 Confirmation No.: 8214
Applicant : Christer O. Andreasson
Filing Date : 02/26/2002
Title : SYSTEMS AND METHODS FOR TRACKING PHARMACEUTICALS WITHIN
A FACILITY
Group Art Unit : 2636
Examiner : Julie Bichngoc Lieu
Docket No. : 706737.38 (formerly 263/292)
Customer No. : 34313

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

AMENDMENT TRANSMITTAL

Transmitted herewith is an amendment in the above-identified application in connection with the Office Action dated June 21, 2004.

Applicant hereby petitions for an extension of time under 37 CFR § 1.136 [fees: 37 CFR § 1.17(a)(1)-(5)] for the total number of months checked below:

EXTENSION (months)	FEE FOR SMALL ENTITY	FEE FOR OTHER THAN SMALL ENTITY
<input type="checkbox"/> one month	\$55.00	\$110.00
<input type="checkbox"/> two months	\$210.00	\$420.00
<input type="checkbox"/> three months	\$475.00	\$950.00
<input type="checkbox"/> four months	\$740.00	\$1,480.00
<input type="checkbox"/> five months	\$1,005.00	\$2,010.00
Fee		\$0.00

CERTIFICATE OF MAILING
37 CFR §1.8

I hereby certify, pursuant to 37 CFR §1.8, that I have reasonable basis to expect that that this paper or fee (along with any referred to as being attached or enclosed) would be mailed or transmitted on or before the date indicated with the United States Postal Service with sufficient postage as first class mail on the date shown below in an envelope addressed to the Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

Dated: September 8, 2004

Karen Johnson
Karen Johnson

DOCSOC1:154771.1

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☒ If an additional extension of time is required, please consider this a petition therefor.

Fee Calculation: TOTAL AMOUNT OF PAYMENT: \$ 275.00

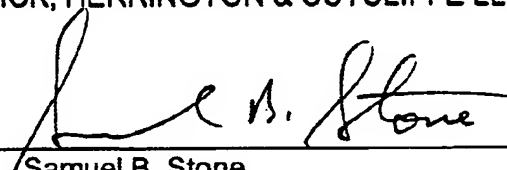
- A. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to Deposit Account No. 15-0665.
☒ Charge any additional fee required under 37 CFR 1.16 and 1.17 to Deposit Account No. 15-0665.
B. ☐ Payment Enclosed
☐ Check ☐ Credit Card ☐ Money Order ☐ Other

Total Claims	51	-	30	=	21	x	\$18.00	\$378.00
Independent Claims	6	-	4	=	2	x	\$86.00	\$172.00
Multiple Dependent Claims	\$290.00	(if applicable)	<input type="checkbox"/>					\$0.00
TOTAL OF ABOVE CALCULATIONS								\$550.00
Reduction by 1/2 for Filing by Small Entity. Note 37 CFR §§ 1.9, 1.27, 1.28.								<input checked="" type="checkbox"/> \$275.00
Extension of Time (from above)								\$0.00
Assignment -- \$40 (if applicable)								<input type="checkbox"/> \$0.00
TOTAL FEES SUBMITTED HERewith								\$275.00

Respectfully submitted,

ORRICK, HERRINGTON & SUTCLIFFE LLP

Dated: September 8, 2004

By: 
Samuel B. Stone
Reg. No. 19,297

Orrick, Herrington & Sutcliffe LLP
4 Park Plaza, Suite 1600
Irvine, CA 92614-2558
Tel. 949-567-6700
Fax: 949-567-6710